

**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

☒ Declaration Submitted with Initial Filing
☐ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number	VAC.715
First Named Inventor	BOYNTON, Thomas
COMPLETE IF KNOWN	
Application Number	/
Filing Date	Herewith
Group Art Unit	n/a
Examiner Name	n/a

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

VACUUM ASSISTED TISSUE TREATMENT SYSTEM

(Title of the Invention)

the specification of which

☒ is attached hereto

OR

☐ was filed on (MM/DD/YYYY) as United States Application Number or PCT International

Application Number and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
	USA		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

[Page 1 of 2]

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DECLARATION — Utility or Design Patent Application

Direct all correspondence to: ☒ Customer Number OR ☒ Correspondence address below

Name Nadeem G. Bridi, C/o Kinetic Concepts, Inc.

Address P.O. Box 659508

City San Antonio

State TX

ZIP 78265-9508

Country USA

Telephone 210-255-4543

Fax 210-255-4440

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR : ☐ A petition has been filed for this unsigned inventor

Given Name Thomas A.
(first and middle [if any])

Family Name Boynton
or Surname

Inventor's
Signature

Thomas A. Boynton

Date 1 August 2001

Residence: City Floresville

State TX

Country USA

Citizenship US

Mailing Address 205 County Road 403

City Floresville

State TX

ZIP 78114

Country USA

NAME OF SECOND INVENTOR: ☐ A petition has been filed for this unsigned inventor

Given Name Teryl Blane
(first and middle [if any])

Family Name Sanders
or Surname

Inventor's
Signature

TERYL BLANE SANDERS

Date 7-27-01

Residence: City San Antonio

State TX

Country USA

Citizenship US

Mailing Address 702 Stoneway

City San Antonio

State TX

ZIP 78258

Country

☒ Additional inventors are being named on the 2 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

Please type a plus sign (+) inside this box → +

PTO/SB/02A (11-00)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

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DECLARATION

ADDITIONAL INVENTOR(S)

Supplemental Sheet

Page 1 of 2

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Keith Patrick		Heaton	
Inventor's Signature		Date	
Poole Residence: City	Dorset State	Great Britain Country	United Kingdom Citizenship
Mailing Address 33 Hermitage Road			
Mailing Address			
City Poole	State Dorset	ZIP BH14 OG	Country Great Britain
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Kenneth William		Hunt	
Inventor's Signature		Date	
Merley, Wimbourne Residence: City	Dorset State	Great Britain Country	United Kingdom Citizenship
Mailing Address 18 Egdon Drive			
Mailing Address			
City Merley, Wimbourne	State Dorset	ZIP BH21 1TY	Country Great Britain
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Mark		Beard	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	ZIP	Country

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F04230 "33T6660

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ADDITIONAL INVENTOR(S)

Supplemental Sheet

Page 2 of 2

Name of Additional Joint Inventor, if any:

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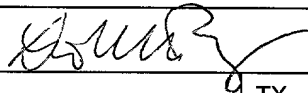
Given Name (first and middle [if any])

Family Name or Surname

David M.

Tumey

Inventor's
Signature



Date

8/13/01

San Antonio
Residence: City

TX
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Mailing Address

City San Antonio

State TX

ZIP 78246

Country USA

Name of Additional Joint Inventor, if any:

☐ A petition has been filed for this unsigned inventor

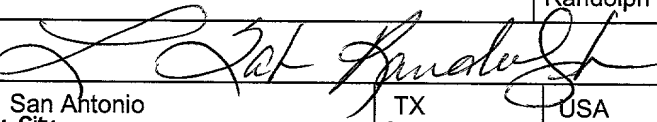
Given Name (first and middle [if any])

Family Name or Surname

L. Tab

Randolph

Inventor's
Signature



Date

8/13/01

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Mailing Address 27917 Bonn Mountain

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State TX

ZIP 78260

Country USA

Name of Additional Joint Inventor, if any:

☐ A petition has been filed for this unsigned inventor

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Inventor's
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Date

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PTO/SB/81 (02-01)

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POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	n/a
Filing Date	Herewith
First Named Inventor	BOYNTON, Thomas A.
Title	Vacuum Assisted Tissue Treatment System
Group Art Unit	n/a
Examiner Name	n/a
Attorney Docket Number	VAC.715

I hereby appoint:

☐ Practitioners at Customer Number

OR

☒ Practitioner(s) named below:

Name	Registration Number
Nadeem G. Bridi	42,361
William H. Quirk, IV	33,996

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I am the:

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☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name

Thomas A. Boynton

Signature

Thomas A. Boynton

Date

1 August 2001

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of 7 (seven) forms are submitted.

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POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	n/a
Filing Date	Herewith
First Named Inventor	SANDERS< Teryl Blane
Title	Vacuum Assisted Tissue Treatment System
Group Art Unit	n/a
Examiner Name	n/a
Attorney Docket Number	VAC.715

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SIGNATURE of Applicant or Assignee of Record

Name

T. BLANE SANDERS

Signature

T. BLANE SANDERS

Date

8.17.01

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Examiner Name	n/a
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SIGNATURE of Applicant or Assignee of Record

Name Keith Heaton

Signature

Date

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SIGNATURE of Applicant or Assignee of Record

Name Kenneth Hunt

Signature

Date

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Attorney Docket Number	VAC.715

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State **TX**

Zip **78265-9508**

Country **USA**

Telephone **210-255-4543**

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SIGNATURE of Applicant or Assignee of Record

Name **Mark Beard**

Signature

Date

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SIGNATURE of Applicant or Assignee of Record

Name DAVID M. TURNER

Signature *[Signature]*

Date 8/12/01

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SIGNATURE of Applicant or Assignee of Record

Name

L. Tab, Randolph

Signature

L. Tab, Randolph

Date

8/23/01

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